



PATIENT

Abbey Dancer

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

1/1/2012

WEIGHT

36.5 Lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

IMAGING PERFORMED BY

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ACVIM (Small Animal
Internal Medicine)

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Jaime Carroll

INVOICE

10602

DATE

3/24/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

*Inappetance

*lethargy

*intermittent vomiting

The patient has mild anemia and mild neutrophilia.

Chemistry panel unremarkable.

Current Medications:

Fluoxetine 20mg SID, Vetprofen 75mg SID, Cerenia 60mg SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.43 cm at caudal pole) (2.68 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

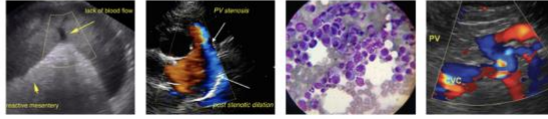
The right adrenal gland is normal size (0.82 cm at cranial pole) (0.57 cm at caudal pole) (1.85 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.42 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, with a few, small (less than 0.50 cm) hypoechoic nodules observed. Splenic vasculature appears normal with no evidence of thrombosis. Adjacent to the medial aspect of the spleen, a 1.97 x 0.95 cm fluid pocket with echogenic material is observed.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No



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focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. (See also "Other" category).

The gall bladder is of normal contours and contains a moderate amount of aggregated, echogenic, mostly gravity dependent debris within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.21 cm in diameter). With regard to the right limb, see "Other" category.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. There is a questionable prominent lymph node in the right cranial quadrant, adjacent to the right adrenal gland.

Other

A 3.87 x 2.99 cm round, well-circumscribed, heterogenous, avascular, cavitated lesion is observed in the right cranial quadrant. The mesentery surrounding the lesion is hyperechoic, irregular, and adhered to the lesion. The lesion is adjacent to +/- arising from the right lateral liver lobe.

A small amount of abdominal effusion is also seen.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the lesion in the right cranial quadrant is difficult to discern. It may be arising from the pancreas, liver, mesentery, other. An abscess or neoplasia (with necrotic areas) is suspected. Localized, adjacent peritonitis is present.

- The pancreatic changes in the left limb are suggestive of chronic pancreatitis. Pancreatitis is also suspected in the region of the right limb given the peritonitis in this region.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.



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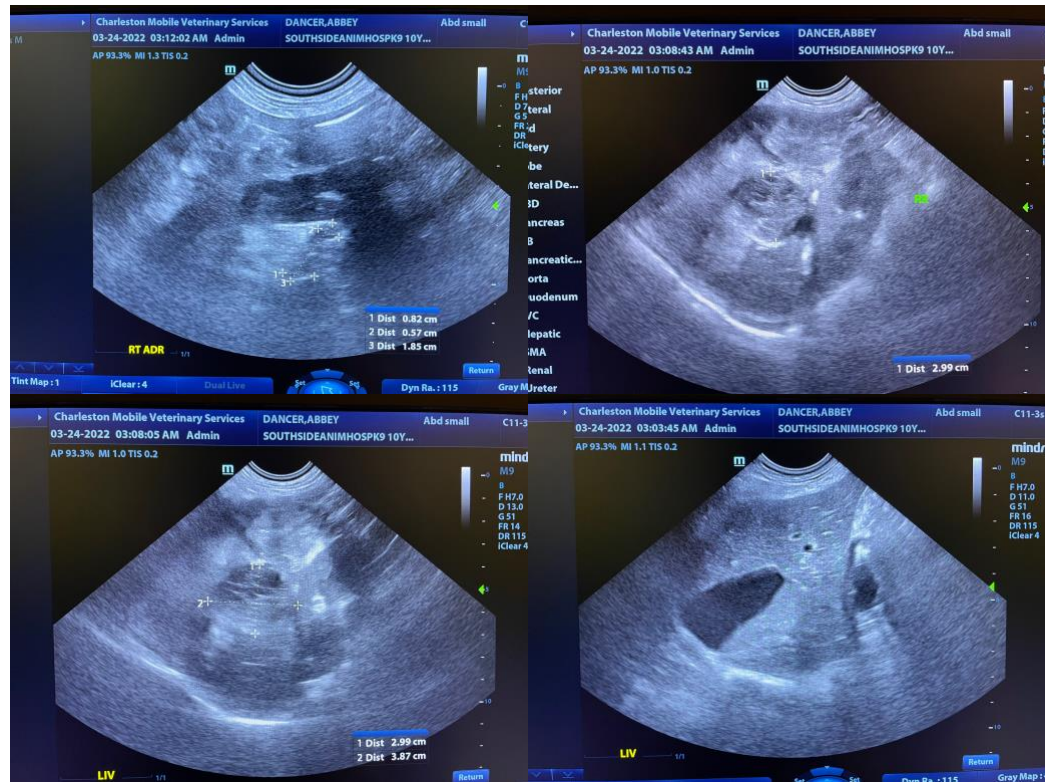
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- Questionable prominent lymph node in the right cranial quadrant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given that the lesion is under the rib cage, fine-needle aspiration is not a viable option. Therefore, referral to a board-certified surgeon for an abdominal exploratory and removal of the lesion with submission for histopathology +/- aerobic and anaerobic cultures is recommended. An abdominal CT scan would be useful in presurgical planning, particularly in helping to determine the organ of origin of the lesion.





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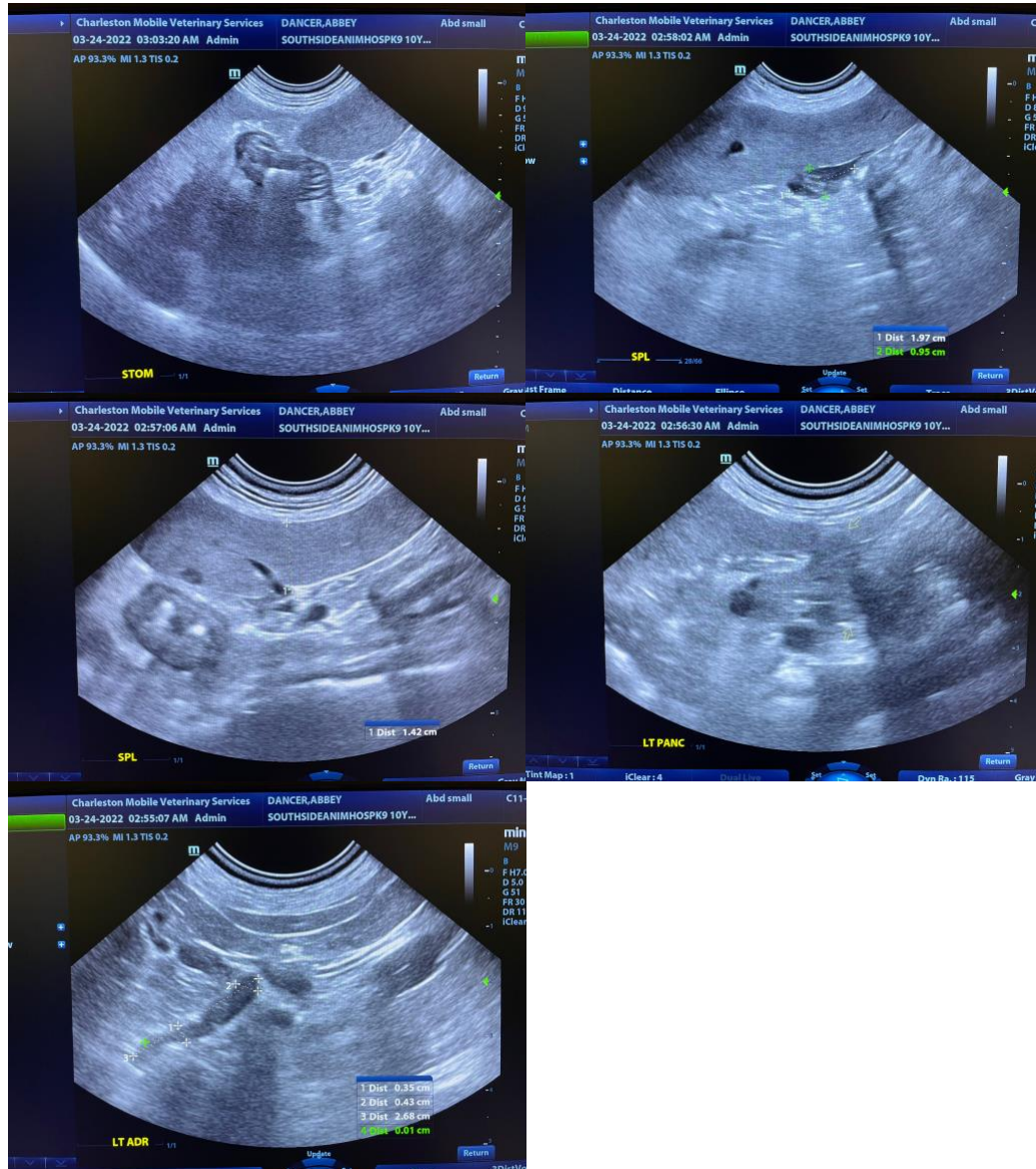
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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